

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>6/2004</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Gregg Carroll</u> P.O. Box, Bldg., Room No., if any <u>Suite E</u> Street <u>2460 West Main Street</u> City <u>St. Charles</u> State <u>Illinois</u> ZIP Code + 4 <u>60175</u>	4. Name, file number, and address of labor organization. Name <u>Chicago Regional Council of Carpenters</u> Labor Organization File Number <u>001-949</u> P.O. Box, Building and Room Number, if any Street <u>12 East Erie</u> City <u>Chicago</u> State <u>Illinois</u> ZIP Code + 4 <u>60611</u>
5. Position in labor organization. <u>Business Rep./Recording Sec. Local # 2087</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7. a. Nature of Interest, Transaction, or Income. b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Gregg Carroll

On

8-8-06

Date

630-587-5523 Ext 22

Telephone Number

Name of Person Filing Gregg A Carroll	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **Carpenters Pension Fund of Illinois**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **PO Box 470**

Street **28 N First St**

City **Geneva**

State **IL** ZIP Code + 4 **60134 0470**

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **Carpenters Pension Fund of Illinois**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **PO Box 470**

Street **28 N First St**

City **Geneva**

State **IL** ZIP Code + 4 **60134 0470**

11.a. Nature of such dealing.

MARCO CONFERENCE Educational Conference Palm Springs 1-15-2004

Registration + Expenses

11.b. Approximate dollar value of such dealing.

\$ 2795.00

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing Gregg Carroll	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name The Marco Consulting Group Trade Name, if any: P.O. Box, Bldg., Room No., if any 9th Floor Street 550 West Washington Blvd City Chicago State IL ZIP Code + 4 60601	9. Business deals with: a. Labor Organization <input checked="" type="checkbox"/> b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Carpenters Pension Fund of Illinois Trade Name, if any: P.O. Box, Bldg., Room No., if any PO Box 470 Street 28N First ST City Geneva State IL ZIP Code + 4 60134 0470	11.a. Nature of such dealing. GOLF OUTING at MARCO CONFERENCE Palm Springs 1-15-04 <hr/> 11.b. Approximate dollar value of such dealing. \$ 200.00 12.a. Nature of interest held or income received. <hr/> 12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing <u>Gregg Carroll</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Carpenters Pension Fund of ILLINOIS
 Trade Name, if any:
 P.O. Box, Bldg., Room No., if any PO Box 470
 Street 28 N FIRST ST
 City Geneva
 State IL ZIP Code + 4 60134 0470

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Carpenters Pension Fund of ILLINOIS
 Trade Name, if any:
 P.O. Box, Bldg., Room No., if any PO Box 470
 Street 28 N FIRST ST
 City Geneva
 State IL ZIP Code + 4 60134 0470

11.a. Nature of such dealing.

NEW ORLEANS CONFERENCE
EDUCATIONAL CONFERENCE
8-26-04
REGISTRATION + EXPENSES

11.b. Approximate dollar value of such dealing.

\$ 2567.00

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
 Trade Name, if any:
 P.O. Box, Bldg., Room No., if any
 Street
 City
 State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing <i>Gregg Carroll</i>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <i>Carpenters Pension Fund of Illinois</i></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any <i>28th First PO Box 470</i></p> <p>Street <i>28 N First ST</i></p> <p>City <i>Geneva</i></p> <p>State <i>IL</i> ZIP Code + 4 <i>601340470</i></p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <i>Carpenters Pension Fund of Illinois</i></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any <i>PO Box 470</i></p> <p>Street <i>28 N FIRST ST</i></p> <p>City <i>Geneva</i></p> <p>State <i>IL</i> ZIP Code + 4 <i>601340470</i></p>	<p>11.a. Nature of such dealing.</p> <p><i>LUNCHES AT QUARTERLY MEETINGS</i> <i>DINNERS FOR QUARTERLY MEETINGS</i></p>
	<p>11.b. Approximate dollar value of such dealing. <i>269.00</i></p>
	<p>12.a. Nature of interest held or income received.</p>
	<p>12.b. Amount.</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Gregg Carroll	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name ARIEL Capitol Management Group</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 2900</p> <p>Street 200 East Randolph Drive</p> <p>City Chicago</p> <p>State IL ZIP Code + 4 60601 6438</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Carpenters Retirement + Savings Trust</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any PO Box 470</p> <p>Street 28 N First ST</p> <p>City Geneva IL</p> <p>State IL ZIP Code + 4 60134 0470</p>	<p>11.a. Nature of such dealing.</p> <p style="text-align: center;">GOLF OUTING + Dinner JULY 20-04</p>
	<p>11.b. Approximate dollar value of such dealing. \$ 286.00</p>
	<p>12.a. Nature of interest held or income received.</p>
	<p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing <i>Gregg A Carroll</i>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

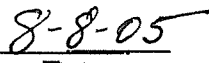
<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <i>Goldberg Weisman + Cairo</i></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any <i>34th Floor</i></p> <p>Street <i>One East Wacker Dr</i></p> <p>City <i>Chicago</i></p> <p>State <i>IL</i> ZIP Code + 4 <i>60601</i></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p><i>GOLF + Breakfast + GOLF BALLS</i></p> <p>11.b. Approximate dollar value of such dealing. <i>200.00</i></p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p> <p>14.b. Amount of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	

DISCLAIMER

The transactions, dealings and interests that are detailed in the attached LM-30 Report represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended LM-30 Report.


Signature


Date